

**DoD Medical Examination Review Board  
8034 Edgerton Drive, Suite 132  
USAF Academy, Colorado 80840-2200**

**MOTION SICKNESS QUESTIONNAIRE**

NAME: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please complete the questions below regarding history of motion sickness and return this form to DoDMERB to the address above: If more space is needed, please use back of form and identify each issue by question number.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC 133, 3012, 5031, 8013, and Executive Order 9397

**PRINCIPAL PURPOSE:** To determine medical acceptability or update a medical file as part of the application process to a United States Service Academy, Reserve Officer Training Corp (ROTC) Scholarship Program, or the Uniformed Services University of the Health Sciences (USUHS).

**ROUTINE USES:** This information may be disclosed to the Coast Guard Academy and Merchant Marine Academy for applicants to their Academies.

**DISCLOSURE:** Voluntary; however, failure to furnish the requested information will impede the selection process and hamper your candidacy. Use of the Social Security Number (SSN) is used for positive identification of records.

1) Please describe the type(s) of motion sickness (e.g., car, train, air, sea, swing, carnival rides, etc.)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2) What age did it first occur? \_\_\_\_\_

3) What age did it last occur? \_\_\_\_\_

4) How frequent are the episodes? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5) What type of medication(s) and frequency do you use to prevent and/or treat your motion sickness? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6) How would you rate the episodes, (e.g., mild, moderate, severe, etc.)? \_\_\_\_\_

\_\_\_\_\_

7) What type of activities does it interfere with? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8) Please provide any other pertinent information related to your motion sickness: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) Certification: By signing below, I hereby certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Motion Sickness Questionnaire